



*FHCP-Celebrating 42 years of Service!*

pg. 1

Florida Health Care Plans  
will be closed:  
December 26, 2016  
and January 2, 2017

## Welcome to all New Providers!

(To see all of our Providers, check out our website at [www.FHCP.com](http://www.FHCP.com))



As a new year approaches, the Administration of Florida Health Care Plans (FHCP) would like to thank each and every one of our Providers and their office staff for all of the hard work, dedication and quality that you have provided over this past year.

Thanks to your efforts, here are a few of our achievements in 2016:

- **4.5 Star rating from CMS** for the quality of care, services and satisfaction of our Medicare Advantage members.
- **US News and World Report** has recognized us as one of the best Medicare Plans in Florida.
- FHCP has once again maintained our **EXCELLENT Accreditation status with NCQA** for both our Commercial and Medicare product lines this year.
- **25 Consecutive years voted best Health Plan** by DB News Journal Readers.

Celebrate this holiday season with pride for a job well done. We, along with our Executives, Administrators, Directors, Managers and employees remain committed to improving our operations throughout the next year. We would all like to wish you and your families a very Happy Holiday and best wishes for a wonderful 2017.



Thank You

Wendy Myers, M.D., CEO

Joseph J. Zuckerman, M.D., CMO

## *Help Us Speed Up the Claims Process!*



One of the greatest challenges that all health insurance carriers face is matching claims data submitted by providers of service with the information contained in their database. FHCPs also faces this issue.

In order for us to speed up the matching of this data, there are some things that you can do to help us process your claims more quickly. **The key claim fields that you can assist with are your billing address zip code, NPI, and taxonomy code.** One of the most important, and easy to fix, items is to be sure to submit your full ZIP+4 code in your billing provider address. Too often this information is not provided and causes significant delays in the processing of claims. If you can supply your ZIP+4 each time on each claim, along with the practice NPI in the billing provider information, it will help move your claims to the front of the line, past those where the information is not included.

Equally important is that you include your rendering provider NPI and the appropriate rendering provider's vendor taxonomy code for the treatment being billed. This will help to assure that your claims are paid appropriately.

If you ever have any questions about submitting your claims, please feel free to contact our Director of Claims & Data Integrity, Steve Berberich. His email address is [sberberich@fhcp.com](mailto:sberberich@fhcp.com) and his direct line is (386) 615-4085.

## *Provider Offices are encouraged to use the FHCP Provider Portal*

The FHCP Provider Portal is an internet based resource tool available to all FHCP participating providers. The below features are available to users in real time.

- Claim Status
- PCP Panel Assignments (current and future effective dates)
- Member Information– Demographics
- Member Eligibility Status
- Member Covered Benefits
- Member Deductible and Maximum Out of Pocket Accumulations
- RX Prescription History
- Referral Authorization Status
- Quick Links to needed Information and Forms

### **REGISTERING FOR THE PROVIDER PORTAL IS EASY AS 1-2-3!**

1. E-mail [CEC@fhcp.com](mailto:CEC@fhcp.com) and request a Provider Portal Pre-Registration form
2. Complete all fields on the registration form and return the completed form to [CEC@fhcp.com](mailto:CEC@fhcp.com)
3. You will receive an e-mail with a link used for setting your user name and password

## *Encourage Your Patients to Use the FHCP Member Portal*

The Member Portal allows members to securely view their plan and benefit information. Members can also access “Welcome To Wellness” and complete a user friendly Health Assessment, enroll in a variety of self-management programs for better health or use a comprehensive library of medical conditions to look up information to make better health decisions. Members can use the portal to:

- |                                                                                                                                                                                                        |                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Print their ID Card</li><li>• Perform or Update My Health Assessment</li><li>• Look at their FHCP Benefit Plan books.</li><li>• Look at their Claims</li></ul> | <ul style="list-style-type: none"><li>• Search for Dental Providers</li><li>• Review their Dental Coverage information</li><li>• Review their FHCP Enrollment Information</li><li>• Refill a Prescription</li></ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## *Pharmacy News*

### *Insulin Pens*

Novo-Nordisk Insulin Pens are now on all FHCP formularies in tier 3 (preferred brand) which include *Tresiba, Levemir, Novolog, Novolog 70/30*. Insulin pens will be dispensed based on the monthly utilization of the patient.

### *Co-Pay cards for medications not covered by FHCP*

Please be aware that FHCP pharmacies accept some Patient Assistance/Copay Cards for non-covered or non-formulary medications. However, should the card sponsor make changes to their coverage program, members may experience an increase in out of pocket costs.

### *New Year Benefit Changes*

Just a friendly reminder that effective January 1, 2017 many patients change benefit plans/products and even insurance companies. Therefore, we highly encourage providers and their staff to check eligibility and benefits prior to rendering services to ensure accurate insurance information is on file and correct member payment responsibilities are collected. You may check eligibility and benefits at no charge on Availity at [www.availity.com](http://www.availity.com), or the FHCP's Provider Portal <https://providerportal.fhcp.com>. To obtain access to FHCP's provider Portal, please contact Sean Haymes at [shaymes@fhcp.com](mailto:shaymes@fhcp.com). We are looking forward to working with you in 2017 to keep our members happy and healthy in the New Year!

### *New Routine Foot Care Medicare Benefit for 2017*

Effective January 1, 2017, FHCP will offer expanded coverage of foot care for our Medicare members. Members will pay a \$10 copay and the following services will be offered related to Medicare members with diabetes **or** other conditions that result in damage to the nerve and blood supply of feet or poor circulation in the feet:

- The trimming, cutting, clipping, or debriding of nails;
- The treatment of mycotic nails for an ambulatory patient through reduction of thickness and length of the nail;
- Evaluation for LOPS diagnosed through sensory testing with the 5.07 monofilament using established guidelines, such as those developed by the National Institute of Diabetes and Digestive and Kidney Diseases guidelines; and
- Education regarding proper diabetic foot care and footwear.

Services will be provided by designated participating podiatry offices throughout our service area. Should you have any patients who could benefit from this service, please encourage them to make an appointment. No referral is needed.

### *Patient Safety in Health Care*

Patient Safety in health care includes both the practitioner and patient. Your patients should participate in their care planning. Please encourage them to read their check out materials after their appointments. The letter contains important instructions from you regarding their diagnosis and treatment plan. If medications or treatment isn't working, you and your patient should work collaboratively to create a new treatment plan.

## *Case Management Coordination of Care Program*

FHCP Case Management Coordination of Care Program is designed to address the needs of all members by helping to navigate the health care system, functioning as a health coach, connecting members with community resources, implementing measures to improve the quality of life, and achieve disease-specific outcomes. The Case Management Coordination of Care Program targets members with acute or chronic disease(s) such as asthma, coronary artery disease (CAD), congestive heart failure (CHF), stroke, chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), diabetes, depression, and transplants. The Coordination of Care Program encompasses:

- Short Term Case Management- Members requiring coordination of care for less than 3 months or on an as needed basis.
- Case Management-Telehealth Services work in partnership with members and providers to stabilize current acute health needs and crisis utilizing Remote Patient Monitoring (RPM) The goal is to provide Intensive support following hospitalization or acute illness or during exacerbation of chronic illness
- High Risk Transitional Program (hospital to home) - Members identified as a high risk for re-admission requiring frequent contacts, for at least 6-10 weeks. If additional coordination of care and supportive services are needed, the member will be enrolled in Short Term or Chronic Complex Case Management Program.
- Chronic Complex Case Management – Members that require supportive services to improve or maintain self-management of chronic health condition(s).
- Transplant Case Management – Members referred to contracting tertiary center for evaluation for a transplant. Members are followed 2 years post-transplant.

Criteria for participation consideration may include members who require any of the following:

- Assistance with issues involving safety and quality of life
- Member education
- Assistance with monitoring and treatment
- Assistance with obtaining needed community resources
- Assistance with psycho-social or behavioral health needs
- Care coordination

We look forward to partnering with you. Please submit referrals to the Case Management Coordination of Care Department. Phone: 386-238-3284, Toll Free: 800-321-1227, Fax: 386-238-3271 ext. 7288.

Email: [cmanagement@fhcp.com](mailto:cmanagement@fhcp.com).

## *Let Us Know About Changes in Your Practice*

The Centers for Medicare & Medicaid Services (CMS) requires health plans to maintain accurate provider directories for their members. If health plans do not comply, they risk regulatory fines. Given these requirements from CMS and everyone's desire to increase overall customer satisfaction, FHCP has been sending out quarterly requests asking practitioners to verify their current directory information and to notify us if there has been any change in your practice. We appreciate your taking the time to respond to the surveys and ask that you contact us whenever you have a change related to practitioners, address, telephone numbers, panel status, or services offered. You can let us know by faxing us any such changes to 386-676-7148 or via email at [FHCProviderRelations5@fhcp.com](mailto:FHCProviderRelations5@fhcp.com).

## Quality Matters at Florida Health Care Plans!

*We are so very pleased to share the news that once again, FHCP has earned A 4.5 (out of 5) CMS Star rating.*

One of our differentiators from other plans is our **dedicated** physicians and clinical staff, customer **friendly** front line personnel and all the employees who work behind the scenes in our pharmacies and our health plan divisions to make sure FHCP runs smoothly and effectively.

With your continued **member-focused** support, we hope to keep improving next year as you treat each person in every interaction with the utmost **care and respect**. Please go the extra mile for our members and we will get to that elusive 5 Star CMS Rating.

For more information, please contact June Christiansen at [jchristiansen@fhcp.com](mailto:jchristiansen@fhcp.com).

\*Source: Statistical data from [www.medicare.gov](http://www.medicare.gov) on October 2016



### **GREAT NEWS!**

FHCP maintains **EXCELLENT**

Accreditation status with NCQA for 2016!

NCQA recently completed their annual review of Florida Health Care Plan's HEDIS® data, and our results continue to be in the highest range of national performance. Because of this, FHCP has maintained **Excellent** accreditation standing for both our Commercial and Medicare product lines.

This is NCQA's highest accreditation status, reserved for the best health plans in the nation. It is only awarded to those plans that meet or exceed NCQA's rigorous requirements for consumer protection, quality improvement and delivery of excellent care.

We should all be extremely proud of this achievement! It demonstrates **YOUR** commitment to providing our members with the highest level of care and service.

Thank you to everyone for your continued hard work and dedication!

### **Announcements!**

*Coming soon in early 2017, FHCP will be opening a new Pharmacy at our Main Ormond Beach Location: 473 S. Nova Road. More information to follow.*

*Opening in late December, Radiology Services will be available in our FHCP Deland Facility at 937 N. Spring Garden Avenue. More information to follow.*

## *Utilization Management Reminders*

FHCP Utilization Management Program encompasses the evaluation and determination of coverage for, and appropriateness of:

- Medical/Surgical care
- Behavioral health services
- Benefits as stated in members' individual policies
- Provide assistance to clinicians and members to ensure appropriate use of resources

All initial requests and referrals that require prior authorization are managed by the Central Referrals Department or Case Management Utilization Review Department. Initial requests for services, prior authorization, medications and items are reviewed utilizing available pertinent documentation. Determinations are based on evidence based medical necessity criteria and member benefits. FHCP uses MCG (formerly known as Milliman CareGuide), CMS guidelines, and Blue Cross Blue Shield of Florida Medical Policy guidelines to assure the consistency with which medical necessity decisions are made.

A referring Provider may discuss a request with a Utilization Management Physician or request guidelines utilized to make a decision by calling: Central Referrals Department - 386-238-3230 or 800-352-9824 and ask for Central Referrals Department or extension 3230.

Concurrent care (inpatient hospital, skilled nursing facility or home health care) are managed by the Case Management Utilization Review Department. A referring Provider may discuss a request with a Utilization Management Physician or request guidelines utilized to make a decision by calling: Case Management Department - 386-676-7187 or 866-676-7187

All member or referring provider appeals or appeals of denials for pre-service request, are processed by the FHCP Member Services Department. Initial member or provider appeals of post-service claims are processed by the FHCP Medical Claims Department. If the Claims Department cannot fully find in favor of the Provider or member's appeal, then said appeals are also processed by the FHCP Member Services Department. If necessary, a like specialist review is provided to make medical necessity decisions.

The telephone number for the FHCP Member Services Department is 386-615-4022 or 877-615-4022

All UM decision making is based only on appropriate care and coverage. FHCP does not reward staff for making adverse determinations, and they do not use financial incentives that reward underutilization.

For more information about the Referral Process, Claims or Utilization Management Process, go to the FHCP Website, [www.fhcp.com](http://www.fhcp.com), and click on the Providers tab, then click on Provider Services to find the FHCP Provider Handbook. Provider Referral Guides and other pertinent documents are available at this site.

## *Rights and Responsibilities!*

FHCP's Member Rights and Responsibilities are available for review on our website. Go to [www.fhcp.com](http://www.fhcp.com) and click "Members Rights and Responsibilities" at the bottom of every web page. Hard copies are available upon request by contacting Carol Cooper at 386-615-4001.



## **ROSEBUD®**

### ***Perinatal & Neonatal Case Management Program***

FHCP is pleased to announce that it is now offering the **ROSEBUD®** Program to our members who meet ROSEBUD's perinatal and/or neonatal case management risk criteria. ROSEBUD perinatal and neonatal case management is accredited by the National Committee for Quality Assurance (NCQA).

The ROSEBUD Program uses experienced perinatal case management nurses who work in collaboration with our participating obstetricians and FHCP to support the member's plan of care, provide education on healthy pregnancy and lifestyles and warning signs and symptoms of preterm labor, and facilitate requested services. If the member delivers prematurely, experienced neonatal nurses provide ongoing support and education during baby's hospital stay in NICU or Special Care Nursery. This includes general education on healthy behaviors for the caregiver as well as education specific to the infant's individual diagnoses and prescribed treatment. The perinatal and neonatal nurses also help members and parents connect with resources available through FHCP and our community.

#### Perinatal Case Management:

Upon your referral, a ROSEBUD perinatal nurse will call your patient to obtain her consent for case management and to complete an in-depth risk screening. The nurse will call her periodically throughout pregnancy to obtain status updates, provide education regarding her specific situation, and reinforce compliance with the referring physician's plan of care, including clinic appointments. The nurse may also be making a call to your office to verify any pregnancy risk factors, obtain the patient's individualized plan of care, and share any new information about your patient's current status. She will contact your patient soon after delivery to assess the status of her and baby at home.

#### Neonatal Case Management

Upon your referral, a ROSEBUD neonatal nurse will call the member or parent to obtain consent for case management for their infant and to complete an in-depth risk screening. The nurse will call periodically to provide education on the infant's health needs and specific diagnoses, planning for hospital discharge, and assess for any barriers to discharge. She will contact the member or parent soon after infant's discharge to assure there is pediatric follow up scheduled and a stable status at home.

These services are available at no charge to your patient. FHCP pre-authorization is required to refer your patients to ROSEBUD's program and services. A ROSEBUD Referral Form is available on FHCP's website at <http://www.fhcp.com/providers/announcements> in the "Related Documents" section of this webpage. Please send any referrals directly to FHCP's Case Management Utilization Review Department via phone (386-676-7187 or 866-676-7187 or Fax 386-615-4058. Thank you for your continued quality care of FHCP members.

### ***Past Newsletters***

If you missed a previous Provider newsletter or wish to retrieve archived ones, the FHCP Provider newsletters are available online at [www.fhcp.com](http://www.fhcp.com) under the "Providers" section of the website. After clicking on the "Providers" section, the newsletters are located on the right side entitled "Newsletter Archive". All of FHCP's past editions are available to view online or print



## *Use of Provider Performance Data*

FHCP is committed to supplying members with data to facilitate their ability to make informed decisions regarding use of practitioners, providers and services covered by FHCP. Therefore, it is important that Providers be aware and supportive of this initiative for transparency in health care. Please be advised that FHCP may make the following Practitioner/Provider performance data available:

- Quality improvement activities.
- Public reporting to consumers.
- Preferred status designation in the network (tiering) for narrow networks.
- Cost sharing for using preferred providers

## *FHCP Quality Program Documents*

A printed copy of the Quality Program Description and Work Plan, the Annual Quality Program Assessment, Member Satisfaction Results, and Clinical Practice Guidelines are available upon request. For additional information contact the FHCP Quality Management/Performance Improvement Department.

- Phone: (386) 676-7100, ext. 7242
- Fax: (386) 481-5088
- E-mail: [QualityManagement@FHCP.com](mailto:QualityManagement@FHCP.com).



### *24 Hour Nurse Hotline!*

FHCP contracts with CareNet Healthcare Services to provide a nurse advice line 24 hours a day, 365 days a year. Members can call a toll free number (**1-866-548-0727**) to speak with registered nurses who will assist them in making the right choices involving health issues, by utilizing evidence-based guidelines. In addition to providing triage care for current symptoms, they can also help members better understand diagnoses, prescribed medications and where and when to go for more help.

If you are a staff PCP, a Triage Report of your member's call to the Nurse Line will be sent to your task list and also in the patient information section of the chart. Network Contracted providers will receive the Triage Report via fax.

We encourage you to let our members know about this valuable service. For questions concerning this service, call Quality Management at (386) 676-7100, ext. 7242 or email:

## *Clinical Practice Guidelines*

Updated Clinical Practice Guidelines and Preventive Health Guidelines are located under the Provider tab on the FHCP website at the following link: <http://www.fhcp.com/providers/announcements/>.

If you wish to obtain a printed copy of any of these documents, please contact the Quality Management Department at (386) 676-7100, ext. 7242 or email [QualityManagement@fhcp.com](mailto:QualityManagement@fhcp.com).





## *Important Resources to Consider For Your Obese Patients*

Dr. Joel Sebastien and East Coast Bariatrics have been serving the community for over 13 years as a fully accredited center for Bariatric Surgery patients. Helping thousands of patients reach and maintain their health and weight loss goals, a comprehensive team of Bariatric professionals including medical, nutrition, fitness and mental health work to assure long term success. While this requires hard work, each patient deserves access to the resources that will help keep them at their goal. We pride ourselves in supporting our patients during each step of their journey. East Coast Bariatrics Specializes in:

- ≈ *Laparoscopic Roux-en-Y Gastric Bypass*
- ≈ *Laparoscopic Adjustable Gastric Banding (Lapband® and Realize®)*
- ≈ *Laparoscopic Vertical Sleeve Gastrectomy*
- ≈ *Laparoscopic Duodenal Switch*
- ≈ *Laparoscopic Revisions*



Providers can simply refer your patient to East Coast Bariatrics. For more information about the program patients can call **386-238-3205**.

## *Health and Diabetes Education*

The Health and Diabetes Education Department offers classes for Controlling High Blood Pressure, Diabetes Self-Management, Nutrition Game Plan for Diabetes (a follow-up to self-management class), Healthy Heart Nutrition Program, “Eat Right, Move Right” weight management program, classes and individual appointments, as well as assisting with management of members who have an eating disorder. We are scheduling our next Diabetes Prevention program, starting in February. Please send your referrals for any member that has prediabetes or abnormal glucose levels or A1c 5.7-6.4%. Prevention is the key! To send a Referral, task the Education Department with an order or fax 386-238-3228.

## *Advanced Directives*

As a Provider, you are aware that Advance Directives are very important. They are a way for the patient to make their voice heard about their health care when they can no longer speak, by appointing someone to make health care decisions for them when they no longer can. Family members often find this type of guidance helpful during times when making difficult decisions. Some of the decisions guided by this document include the administration of, or to withhold, treatments, medications, or procedures. Advance directives are not just for the elderly. Any person who desires to direct their end of life medical care should complete the forms. If your patient doesn't have the form on file with FHCP, please encourage him or her to obtain the form by calling FHCP's Member Services Department at 386-615-4022, toll-free number at 1-877-615-4022. Forms are also available online at: <http://www.fhcp.com/members/memberServices/advanceDirectives.htm>. If your patient has an Advance Directive on file with your office, and the patient is a FHCP member, please fax a copy to FHCP's Medical records department at 386-481-5009. We will file it in the member's FHCP electronic health record.

## ***FHCP Hearing Device Discount Program***

In partnership with FHCP, Timko Hearing Care (THC), Atlantic Hearing & Balance (AHB) and First Coast Hearing Clinic are pleased to make available the following hearing devices, supplies and services at a special FHCP members-only discount. As a reminder, your FHCP benefit plan covers hearing screening and assessments.

### **Timko Hearing Care, Atlantic Hearing & Balance, and First Coast Hearing Clinic Locations**

#### **Deland**

*Timko Hearing Center*  
100 E. New York Ave., Ste. 103  
Deland, FL 32724  
386-736-7192

#### **Ormond Beach**

*Timko Hearing Center*  
1050 W. Granada Blvd., Ste. 3  
Ormond Beach, FL 32174  
386-677-2366

#### **Port Orange**

*Atlantic Hearing and Balance*  
1175 Dunlawton Ave., Ste. 101  
Port Orange, FL 32127  
386-756-8225

#### **Palm Coast**

*First Coast Hearing Clinic*  
50 Cypress Point Pkwy., Ste. B3  
Palm Coast, FL 32164  
386-447-7364

#### **St Augustine**

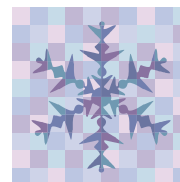
*First Coast Hearing Clinic*  
1835 US Hwy 1 S., Ste. 127  
St. Augustine, FL 32084  
904-824-6007

## ***Elder Abuse and How to Report it, Prevent it***

Florida Law requires that any person who knows, or has reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited shall immediately report such knowledge or suspicion to the Florida Abuse Hotline on the toll-free telephone number, 1-800-96-ABUSE or (1-800-962-2873).

The TDD (Telephone Device for the Deaf) number for reporting adult abuse is 1-800-955-8770. Vulnerable adults are persons eighteen and over (including senior adults sixty and over) who, because of their age or disability, may be unable to adequately provide for their own care or protection.

The Florida Abuse Hotline accepts calls 24 hours per day, seven days a week. The Abuse Hotline counselor is required to let the person calling know whether the information provided has been accepted as a report for investigation.



## *Discrimination is Against the Law*

FHCP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FHCP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Health Care Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified Interpreters
  - Information written in other languages

If you need these services, contact Daria Siciliano, RN-BC, CCM. Manager of Member Services

If you believe that FHCP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Daria Siciliano, RN-BC, CCM, Manager of Member Services, 1340 Ridgewood Avenue, Holly Hill, FL 32117. 1-877-615-4022, TTY: TRS Relay 711, 386-676-7149, MemberServices@fhcp.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Daria Siciliano, RN-BC, CCM Manager of Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201  
1-800-868-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## *Provider Handbooks*

All providers can access the [FHCP Provider Handbook](http://www.fhcp.com/providers/services/provider-handbook.htm) at any time via FHCP's website at the following link: <http://www.fhcp.com/providers/services/provider-handbook.htm>. The Provider Handbook is updated monthly and summaries are faxed to all FHCP participating providers.

The [FHCP Provider Handbook](#) contains valuable information to assist Providers in managing their relationship with FHCP. The Handbook's contents include areas such as sample member cards, administrative staff directory, member's rights and responsibilities, drug formulary and pharmacy locations, admission and referral forms, and FHCP policies and procedures applicable to Provider practices. As noted in Section 4 of the Handbook, under FHCP Policy PC030 – Provision of Healthcare Services, FHCP may use performance data for Quality Improvement activities, public reporting to consumers, and tiering or preferred network status. We hope the information in the Handbook will help you better manage your relationship with FHCP and our members. The Table of Contents listing topics included in the Handbook is on the next page.

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